S. No. 2
DM—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2701

State File No. .....

Registration District No. 128 ..... Primary Registration District No. 2000 ..... Registrar's No. 13

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield Rural N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R. # 6
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: C. Plato Gillespie

3. (b) If veteran, name war: UNK.

3. (c) Social Security No.: UNK.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Sarah Alice Gillespie

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: April (Month) 6 (Day) 1867 (Year)

8. AGE: Years 78 Months 8 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace: UNK. (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation: Merchant / Farmer

11. Industry or business: .....

MOTHER FATHER

12. Name: William Sidney Gillespie

13. Birthplace: UNK. (City, town, or county) UNK. (State or foreign country)

14. Maiden name: Martha Mariah Horn

15. Birthplace: UNK. (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant: Glen Gillespie

(b) Address: Springfield, Mo. R.R. # 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Wesley Chapple

18. (a) Signature of funeral director: Greenwade Funeral

(b) Address: Willard Mo.

19. (a) Jan 6 46 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Fourth year 1946 hour 10 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Dec 22 1945 to Jan 4 1946; that I last saw him alive on 4 Jan 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia — Duration

Due to: 1) Compound fracture left humerus, 2) multiple wounds left forearm — Duration

Due to: 3) Traumatic amputation 3rd and 4th fingers, left hand — Duration 2 weeks

Other conditions (Include pregnancy within 3 months of death): .....

Major findings:
Of operations: 185
Of autopsy: 19

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 22 Dec '46

(c) Where did injury occur? Springfield, RR #6 (City or town) Greene (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)

While at work? yes (e) Means of injury: Saw mill

23. Signature: Don J. Silsby (M. D. or other) M.D.

Address: Springfield, Mo. Date signed 6 Jan '46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

635

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Mrs. E. K. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X